

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		9/20/99
O.I.P.E. CLASSIFIER		15	10-8-99
FORMALITY REVIEW		204477	10-18-99

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	1	1	02/26/92
2	2	2	09/08/92
3	3	3	09/08/92
4	4	4	04/27/93
5	5	5	04/27/93
6	6	6	04/27/93
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